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0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	C 2925 PCT/US
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Inventor	Florence HENRY
COMPLETE IF KNOWN			
		Application Number	10/597,964
		Filing Date	
		Group Art Unit	
		Examiner Name	
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COSMETIC COMPOSITION COMPRISING AN EXTRACT OF THE LEAVES OF CASTANEA

SATIVA

(Title of the Invention)

the specification of which

is attached hereto

08

was filed on (MM/DD/YYYY) **02/04/2005** as United States Application Number or PCT International

Application Number **PCT/EP2005/001105** and was amended on (MM/DD/YYYY) (if applicable).

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

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Having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES	NO
04290388.0	EP	02/13/2004	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Type a plus sign (+) inside this box →

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DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365C of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2005/001105	02/04/2005	

Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name **23657** Customer Number or label

OR

List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number

Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

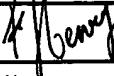
Please direct all correspondence Customer Number or label **23657** OR Fill in correspondence address below

Name
Address
Address
City State Zip
Country Telephone Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name **Florence** Middle Initial Family Name **HENRY** Suffix e.g. Jr.

Inventor's Signature  Date **06/07/06**

Residence: City **Villers-les-Nancy** State Country **France** Citizenship **French**

Post Office Address **1, allée Jean Antoine Baff**

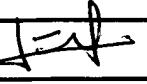
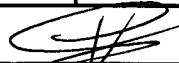
Post Office Address

City **54600 Villers-les-Nancy** State Zip Country **France** Applicant Authority

Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box →

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Louis		Middle Initial		Family Name	DANOUX		Suffix e.g. Jr.
Inventor's Signature						Date	06/07/2006	
Residence: City	Saulzures les Nancy		State		Country	France	Citizenship	French
Post Office Address	12, rue de Bretagne							
Post Office Address								
City	54420 Saulzures les Nancy		State	Zip	Country	France	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Gilles		Middle Initial		Family Name	PAULY		Suffix e.g. Jr.
Inventor's Signature						Date	06/07/2006	
Residence: City	Nancy		State		Country	France	Citizenship	French
Post Office Address	5, rue de Begonias							
Post Office Address								
City	54000 Nancy		State	Zip	Country	France	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature						Date		
Residence: City			State		Country			Citizenship
Post Office Address								
Post Office Address								
City			State	Zip	Country			Applicant Authority
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name			Middle Initial		Family Name			Suffix e.g. Jr.
Inventor's Signature						Date		
Residence: City			State		Country			Citizenship
Post Office Address								
City			State	Zip	Country			Applicant Authority
<input type="checkbox"/>	Additional inventors are being named on supplemental sheet(s) attached hereto							